

UTAH LIFE, ANNUITY, CREDIT LIFE, AND CREDIT ACCIDENT & HEALTH GROUP QUESTIONNAIRE

INSURER NAME _____ NAIC # _____

Pursuant to Utah Code Annotated (U.C.A.) 31A-22-501, group marketing is limited to the stated group types in U.C.A. 31A-22-502 through 508. This completed form must be included with all group filings. **Only one group type per form.**

_____ **EMPLOYER-EMPLOYEE.** Do the groups meet all requirements of U.C.A. 31A-22-502? Yes _____ No _____
Policyholder Name/Description _____
Is a trust involved? Yes _____ No _____ Date formed ____/____/____ By whom _____

_____ **LABOR UNION.** Does the group meet all requirements of U.C.A. 31A-22-503? Yes _____ No _____

_____ **TRUST.** Does the group meet all requirements of U.C.A. 31A-22-504? Yes _____ No _____
Policyholder name _____
Trust name _____ Domicile _____
Date trust formed ____/____/____ By whom _____
Trustee Name _____
Trust Administrator Name _____
Function of the trust _____

_____ **ASSOCIATION.** Does the group meet all requirements of U.C.A. 31A-22-505? Yes _____ No _____
Association Name _____ Policyholder Name _____
Purpose of the association _____
Date formed ____/____/____ By whom _____
Qualifications and benefits for membership _____
Is a trust involved? Yes _____ No _____ Date formed ____/____/____ By whom _____
Trustee Name _____
Administrator _____

_____ **CREDITOR.** Does the group meet all requirements of U.C.A. 31A-22-506? Yes _____ No _____

_____ **CREDIT UNION.** Does the group meet all requirements of U.C.A. 31A-22-507? Yes _____ No _____

_____ **NATIONAL GUARD.** Does the group meet all requirements of U.C.A. 31A-22-508? Yes _____ No _____

All other groups are considered discretionary groups and pursuant to 31A-22-509, prior authorization must be granted. For information required to obtain authorization contact Mrs. Sandra Christensen at (801) 538-3863 or schristensen@utah.gov. If authorization has been granted, a copy of the authorization letter must be included with the filing.

MARKETING AND ADMINISTRATION

Will the product be marketed individually? Yes _____ No _____ Explain: _____
Identify all organizations and individuals involved in marketing and describe their functions. _____

Describe the beneficiary: _____ Who designates the beneficiary? _____

ANNUITY CONTRACTS: Are the funds allocated or unallocated and explain? _____

Describe who owns the funds _____

Are premiums tax-qualified? Yes _____ No _____ Identify the applicable Internal Revenue Tax Code(s) _____

I HEREBY CERTIFY that I have reviewed the above. My responses are correct and in compliance with all applicable provisions of the Utah laws and rules.

Print Name _____ Title _____

Original Signature _____ Date _____

For general questions contact Sandra Christensen, (801) 538-3863 or schristensen@utah.gov